i			
PLACE OF BIRTH	ARIZON	IA STATE BOARD	OF HEALTH
District of		OF VITAL STATISTICS.	State Index No. 71
Town of	ORIGINAL C	CERTIFICATE OF BIRTH.	Co. Register No.20
City of			Local Registrar's No
	(No	St:	Trr -1
FULL NAME OF CHILD DU	hut Su	- Damson	Born YES
If child is not named, make Supplemental	Report on blank	obtainable from local registrar	Alive S NO
Child Wall Triplet or other	Nun	nber Legiti- Date of Birth	Help 5 1913. Month) (Day) (yr.)
Name FATHER	@ \$ -	Full Maiden MOTHER	
Residence +	14	Residence N	meet
Color Age at	last 4.5	Color	
or Race White Birthday	(Years)	or Race White	Age at last 9 9 Birthday (Yezrs)
Birthplace Walde, Lya	×>	Birthplace \	1.,
Occupation		Occupation	otas.
		1/4	- tr
number 61 enlidren,	of this mother, now living	Were precautions taken again	st Ophthalmia neopatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on Tell of 101 3 11/12			
When there is no attending physic- ian or midwife, then the householder should make this return.	-	(Signature)	n ,midwite householder.)
Given or christian name added from a		, was the physicial	n ,midwiff householder.*)
supplemental report191	Filed Jy	Address	y La
445-205-423 COUNTY REGISTRAR.	Filed	D 1910	OCAL REGISTRAR.

Midwife with each local Registrar within 6 days after birth.